

## Clinical Care Standard 4

Identifying, responding to, and ongoing monitoring of risk

### Assessing and responding to risk

- Assessing and responding to risk is an important part of service delivery. It starts at intake, continues throughout treatment, and at discharge or transfer of care.
- There are a range of risks to be considered, including personal characteristics and circumstances, behaviours the person may be engaging in, and risks associated with substances being used. For example, risk of contracting blood-borne viruses, risk of harm due to domestic and family violence, or risk of self-harm or suicide.
- The clinician works with the client to ensure that their wellbeing is supported, they have choice in their treatment, and their goals are realised.
- Screening tools play an important role in assessing risk and provide an opportunity to share information and provide resources to support the client to make informed decisions on how they address that risk.

### Screening tools

#### Blood-borne virus screening

- AOD services have a unique opportunity to combine hepatitis A, B, C, HIV and sexual health education and information into their programs, and where appropriate assist in linking clients with testing and medical treatment providers.
- The integration of BBV screening questions into assessments helps to ensure all people accessing AOD treatment will be screened as part of standard practice.
- We know that people who report concern about their substance use are at risk for exposure to blood-borne viruses and sexually transmitted infections.
- To better assist us in providing support and information, it's important we ask all our clients a set of questions that tells us about their situation.
- We would ask these questions a few times throughout the program to help people tell us about their experiences when they are ready to share and as part of a holistic care plan.

NADA held a webinar where the speakers discussed the latest developments in hepatitis C testing and treatment, from Dried Blood Spot testing to Point-of-Care testing. The webinar highlights how hepatitis C can be easily cured in support of the World Health Organisation's goal to eliminate it. Additionally, options available to services to facilitate testing and address any barriers to treatment are explored. <https://youtu.be/a2BF0dswT-0>

**Hepatitis C:** [NSW Health Factsheet](#) [PDF]

**Dried Blood Spot testing:** [NSW Health factsheet](#) [PDF]

[BBV screening tool](#) [PDF]

### **Domestic and family violence screening**

- Domestic and family violence is another area of risk that can be incorporated into assessment practices, and AOD workers should be familiar with organisational policies and procedures for responding to family violence.
- Responding to domestic and family violence requires a broad, comprehensive, coordinated approach involving multiple services and referrals.
- Working with both victim/survivors and people who use violence requires skill and knowledge around how to communicate to reduce risk.
- Screening tools give us the opportunity to let the client know we can support them where they are at, even if they do not disclose immediately. Even if we only provide information and listen, they are more likely to engage with supports when they feel able to.

[Domestic and family violence screener](#) [PDF]

### **Suicide screening**

- Our clients sometimes present with a high-risk of suicide, which is further increased by the presence of co-occurring mental health disorders.
- It is important for clinicians and services to recognise and respond appropriately. Suicide screening tools often have a scale (e.g. low – medium – high risk), and whilst useful, it is important not to rely on a high-risk alert to initiate action or interaction with the client. They may be distressed even with a lower score and fly under the radar until their psychological state deteriorates.
- Risk of suicide may increase in response to significant life events and may fluctuate throughout treatment.
- It is vital that suicide risk assessments are an ongoing process as a client's suicidality may change during treatment. Ideally, all clinicians would be trained to detect the direct and indirect warning signs of suicide, as well as the assessment and management of suicidality.

For example, a person may present with suicidal ideation upon intake and assessment. These thoughts may subside as their treatment journey continues. Alternatively, a person may enter treatment with no suicidality and develop thoughts after a period of reduced use or abstinence, particularly if the person has been using substances to self-medicate.

AOD workers need to be equipped to utilise their clinical skill and expertise when incorporating screeners and assessments into their practice.

There are a number of screening tools available, the suicide screening tool in NADABase is The Suicide Assessment Kit, or 'SAK'. This was developed by the National Drug and Alcohol Research Centre (NDARC) in partnership with NADA and aims to provide clinicians with evidence-based resources to assist them in the assessment and management of suicide risk.

[Suicide risk screener](#) [PDF]